

## **Department of Public Works**

## **Wastewater Treatment Facility**

Town of Tisbury
Box 788, 115 High Point Road
Vineyard Haven, MA 02568
Phone: 508-696-4220

Fax: 508-696-4221

## **Abatement Meter Application**

Owner's Name/Business Name: Property Address:			Phone:	
		Map:	Parcel:	
Mailing Ad	ldress:			
Caretaker Name:		Phone:		
Meter Loc	ation:			
Will Meter	Be Taken Down Seasonally? Yes	No		
	The Undersigned A	grees to the Following	<u>:</u>	
	A fee of \$300 to cover cost of the application and		ded.	
	Installation of Abatement Meter will be at custom A \$50 fee for the initial abatement meter completion of inspection.	-	ury Wastewater Staff, paid upon	
D.	A \$50.00 annual fee will be billed in quarter reading capabilities of the new meter.	ly installments to cover data	a fees associated with the wireless	
E.	To accept and abide by the Abatement Meter Website and all pertinent ordinances and other form you acknowledge the abatement meters.	regulations that may be ado		
F.	To allow the Town of Tisbury Wastewater Sta	off access for any inspections		
G.	To notify the Wastewater Dept. immediately interfere with the normal operation of the meters.			
H.	Intended use for this meter shall be for auxilia <b>not for ice makers.</b>	ary watering purposes such a	as outside irrigation and hoses, but	
I.	Limit of one Abatement Meter per Water Acc	ount.		
Applicant Signature:			Date:	
****	******* Office U	Jse Only *********	******	
Application Approved By:			Date:	
Fee Paid R	x/•	Check#•		

Meter Brand/Type: \_\_\_\_\_ Serial #: \_\_\_\_